# Standard Shelter Pet Health Summary

**Presented by:** CATalyst Council’s Task Force* on Standardization of Shelter Pet Health Records

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## Animal Signalment

<table>
<thead>
<tr>
<th>Age:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>□ M □ F □ MN □ FS</td>
</tr>
<tr>
<td>Species:</td>
<td>□ Cat □ Dog □ Other:</td>
</tr>
<tr>
<td>Breed:</td>
<td></td>
</tr>
<tr>
<td>Color:</td>
<td></td>
</tr>
<tr>
<td>Coat Pattern:</td>
<td></td>
</tr>
<tr>
<td>Geographic Origin: (Local, In-state, State, International):</td>
<td></td>
</tr>
</tbody>
</table>

## Animal Identification

<table>
<thead>
<tr>
<th>Microchip #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Tip:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Tattoo Information:</td>
<td>□ None Description:</td>
</tr>
</tbody>
</table>

## Vaccination

<table>
<thead>
<tr>
<th>Vaccination Type</th>
<th>Dates of any/all recorded:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies</td>
<td>□ SubQ □ Intranasal □ Oral</td>
</tr>
<tr>
<td>Feline Panleukopenia Combo</td>
<td></td>
</tr>
<tr>
<td>Canine Distemper/Parvo Combo</td>
<td></td>
</tr>
<tr>
<td>Bordetella</td>
<td></td>
</tr>
<tr>
<td>Canine Influenza</td>
<td></td>
</tr>
<tr>
<td>Any Other Vaccination</td>
<td></td>
</tr>
</tbody>
</table>

## Behavioral Note/Handler Alert

<table>
<thead>
<tr>
<th>Behavior Note/Handler Alert Description:</th>
<th></th>
</tr>
</thead>
</table>

## Routine Screening

<table>
<thead>
<tr>
<th>Disease</th>
<th>Status</th>
<th>Date: □ Pos □ Neg</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW Antigen:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Antibody (Ab):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Filaria:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FeLV:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIV:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Analysis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Physical Exam/Body Systems**

**Date:** (most recent) ______ / ______ / ______

**Not Examined** ☐

**Examined by:**
- ☐ Veterinarian
- ☐ Credentialed Veterinarian Technician
- ☐ Other

**Temp:** _____  **Pulse:** _____  **Resp:** _____  ☐ None Recorded

**Attitude:**
- ☐ Normal/Alert
- ☐ Other
- ☐ Not Examined

**Hydration:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Weight:** _____ lbs
- ☐ Normal
- ☐ Underweight
- ☐ Overweight
- ☐ Not Examined

**Coat, Skin & Paws:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Eyes:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Ears:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Mouth, Teeth & Gums:**
- ☐ Normal

**Tarter:**
- ☐ Mild
- ☐ Mod
- ☐ Severe
- ☐ Not Examined

**Gingivitis:**
- ☐ Mild
- ☐ Mod
- ☐ Severe
- ☐ Not Examined

**Mucus Membrane Color:**
- ☐ Pink
- ☐ Pigmented
- ☐ Other
- ☐ Not Examined

**Musculoskeletal:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Cardiovascular:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Lungs:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Abdomen/GI:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Urogenital System:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Lymph Nodes/Thyroid:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Neurological:**
- ☐ Normal
- ☐ Other
- ☐ Not Examined

**Assessment** (Note if tentative, presumptive or confirmed)

**History** (Note known allergies, complications, contraindications to medication)

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**Medications Administered**

Attach additional reports, if applicable
(lab results, radiology, behavior modification plan, behavior assessment, complete health record if relevant, etc.).

**Tests Performed**

For questions or to request a complete copy of the health record, please contact Xxxxxxxxxxxxxxxxxxxxxx